



NEW HAMPSHIRE VETERINARY TECHNICIAN ASSOCIATION

**Application for Certification as a Veterinary Technician  
in New Hampshire for Veterinary Technicians who are  
Certified, Licensed or Registered in another state.**

Name: \_\_\_\_\_ NHVTA member? Y / N  
(print clearly) Last First Middle

Address: \_\_\_\_\_  
(street) (city, state, zip)

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you currently certified, licensed, or registered in another state?  Yes  No

If yes, attach a copy of your current documentation of *Certification, Licensure, or Registration* to this application.

All information submitted for documentation required for reciprocal approval of my certification, licensure or registration is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

The application fee for CVT includes: A 1 year NHVTA membership, a membership card which will allow free admission to all NHVTA CE's & NHVTA email updates & up-to-date information on upcoming CE's. Mail this completed form and a check in the amount of \$30.00 payable to the NHVTA at:

New Hampshire Veterinary Technician Association • P.O. Box 295, Greenland, NH 03840

Please notify the NHVTA of any name, address, phone or email changes

NHVTA Use Only

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_

Accept/Reject: \_\_\_\_\_ CVT Expiration Date: \_\_\_\_\_